

**APPLICATION DATA SHEET**

Electronic Version v14

Stylesheet Version v14.0

Title of Invention	Method for Treatment of Cancerous Angiogenic Disorders	
Application Type:	regular, utility	
Attorney Docket Number:	UBC.P-033	
Correspondence address:		
Customer Number:	021121	*021121*
Continuing Data:		
This is a Non-Provisional of US application number 60/464,159, filed 2003-04-18 , now Pending.		
Inventors Information:		
<u>Inventor 1:</u>		
Applicant Authority Type:	Inventor	
Citizenship:	CA	
Given Name:	John	
Middle Name:	K	
Family Name:	Jackson	
City of Residence:	Vancouver	
Country of Residence:	CA	
Address-1 of Mailing Address:	540 West 29th Ave.	
Address-2 of Mailing Address:		
City of Mailing Address:	Vancouver	
State of Mailing Address:		
Postal Code of Mailing Address:	V5Z 2M7	
Country of Mailing Address:	CA	
Phone:		
Fax:		
E-mail:		
<u>Inventor 2:</u>		

**Applicant Authority Type:** Inventor  
**Citizenship:** CA  
**Given Name:** Helen  
**Family Name:** Burt  
**City of Residence:** Vancouver  
**Country of Residence:** CA  
**Address-1 of Mailing Address:** 2930 West 28th Ave.  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Vancouver  
**State of Mailing Address:**  
**Postal Code of Mailing Address:** V6L 1X2  
**Country of Mailing Address:** CA  
**Phone:**  
**Fax:**  
**E-mail:**

**Inventor 3:**

**Applicant Authority Type:** Inventor  
**Citizenship:** CA  
**Given Name:** Christopher  
**Family Name:** Springate  
**City of Residence:** Vancouver  
**Country of Residence:** CA  
**Address-1 of Mailing Address:** 2020 Comox Street  
**Address-2 of Mailing Address:** Apt. 53  
**City of Mailing Address:** Vancouver  
**State of Mailing Address:**  
**Postal Code of Mailing Address:** V6G 1R9  
**Country of Mailing Address:** CA  
**Phone:**  
**Fax:**  
**E-mail:**

**Inventor 4:**

**Applicant Authority Type:** Inventor  
**Citizenship:** CA

Given Name: Martin  
Family Name: Gleave  
City of Residence: Vancouver  
Country of Residence: CA  
Address-1 of Mailing Address: 4693 Drummond Dr.  
Address-2 of Mailing Address:  
City of Mailing Address: Vancouver  
State of Mailing Address:  
Postal Code of Mailing Address: V6R 1E8  
Country of Mailing Address: CA  
Phone:  
Fax:  
E-mail:

**Attorney Information:**

Name	Registration Number
Marina T Larson	32038

**Assignee 1:**

Organization Name: The University of British Columbia  
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State of Mailing Address:  
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